

STATE MS.-DESOTO CO.

S04-0640

MARY H. HOLDEN,  
GRANTOR

MAY 19 9 13 AM '04

WARRANTY

TO

DEED

CLAIR E. COX, III,  
GRANTEEBK 472 PG 411  
J. DAVIS CH. CLK.

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, Mary H. Holden, do hereby sell, convey, and warrant unto Clair E. Cox, III, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 45, Section "D", Oaklawn Subdivision, located in Section 13, Township 3 South, Range 8 West, DeSoto County, Mississippi, as recorded in Plat Book 6, Page 15, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 6, Page 15, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2004 have been prorated, and possession is given with this deed.

WITNESS my signature(s), this the 14th day of May, 2004.

Mary H. Holden  
Mary H. Holden

STATE OF MISSISSIPPI:  
COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named MARY H. HOLDEN, who acknowledged that she signed and delivered the above and foregoing Deed on the day and year therein mentioned, as her free act and deed, and for the purposed therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 14th day of May, 2004.

My commission expires:



Grantors Address:  
2651 Columbus Dr.  
Hernando, MS 38632  
Home Phone Number: 268-8001  
Business Number: 429-1303

[Signature]  
Notary Public

Grantees Address:  
2651 Columbus 450 W. Valley  
Hernando, MS 38632  
Home Phone Number: 429-3885  
Business Number: Same

Prepared By:

Austin Law Firm, P.A.  
6928 Cobblestone Drive  
Suite 100  
Southaven, Mississippi 38672  
(662) 890-7575

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

TENNESSEE DEPARTMENT OF HEALTH  
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>Roy Bennett Holden</b>				2. SEX <b>Male</b>		3. DATE OF DEATH (Month, Day, Year) <b>Nov. 26, 1997</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>427-78-2900</b>		5a. AGE -- LAST BIRTHDAY (Years) <b>60</b>		5b. UNDER 1 YEAR MOS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN <input type="checkbox"/>		5c. UNDER 1 DAY HOURS <input type="checkbox"/> MIN <input type="checkbox"/>	
6. DATE OF BIRTH (Month, Day, Year) <b>April 27, 1937</b>				7. BIRTHPLACE (City and State or Foreign Country) <b>Atlanta, Georgia</b>			
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>Methodist South Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis</b>		9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS--Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Mary Hanna</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Paving Foreman</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Hollingsworth Paving</b>	
13a. RESIDENCE -- STATE <b>MS</b>		13b. COUNTY <b>Desoto</b>		13c. CITY, TOWN, OR LOCATION <b>Hernando</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>2651 Columbus Dr.</b>	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE <b>38632</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No--If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE--American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (14 or 5+) <b>2</b>							
17. FATHER'S NAME (First, Middle, Last) <b>M. W. Holden</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Aline Talley</b>			
19a. INFORMANT'S NAME (Type/Print) <b>Mary Holden</b>				19b. RELATIONSHIP TO DECEASED <b>Wife</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2651 Columbus Dr, Hernando, MS 38632</b>	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Grays Creek Cemetery</b>		20c. LOCATION--City or Town, State <b>Hernando, MS</b>			
21a. SIGNATURE OF FUNERAL DIRECTOR <b>Harry Jones</b>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FS 153</b>		21c. SIGNATURE OF EMBALMER <b>Egon A. Buehl</b>		21d. LICENSE NUMBER OF EMBALMER <b>FS 754</b>	
22a. NAME AND ADDRESS OF FUNERAL HOME <b>Hernando Funeral Home 315 Losher St, Hernando, MS 38632</b>						22b. LICENSE NUMBER OF FUNERAL HOME <b>FE 47</b>	
23. REGISTRAR'S SIGNATURE <b>Mary Ann Bradshaw Deputy</b>				24. DATE FILED (Month, Day, Year) <b>DEC 17 1997</b>			
25a. PHYSICIAN -- To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <b>Kathawala MD</b>				25b. LICENSE NUMBER <b>MD 28145</b>		25c. DATE SIGNED (Month, Day, Year) <b>12/8/97</b>	
26a. MEDICAL EXAMINER -- On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Ahsan Kathawala, 1264 Wesley Dr. Suite 405, Memphis, TN 38116</b>							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>Pseudomonas bacteremia</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Tracheobronchitis</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Severe COPD needing tracheostomy</b> DUE TO (OR AS A CONSEQUENCE OF): d. <b>Large Cell Carcinoma, probably of lung metastatic to liver (on liver biopsy)</b>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
						29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED				31e. PLACE OF INJURY--At home, farm, street, factory, office building, etc. (Specify)			
				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

NAME OF DECEDENT:  
For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EX-  
CUTING CERTIFICATE  
JUST COMPLETE AND  
ON MEDICAL CERTIFI-  
CATION WITHIN 48  
HOURS.

SEE INSTRUCTIONS  
ON OTHER SIDE

CAUSE OF  
DEATH

BK0472P60-2

BIRTH NO